

DR. GERBERDING'S OPENING REMARKS:

Good morning. Wow. This is unprecedented in the history of CDC to have this kind of a network -- really the brain trust of public health in our country -- under one roof. I almost feel like it's a security threat, so I really am awestruck to look out and see so many wonderful people here. And I just really thank you. We tried to do this in the fall, and there were some intervening variables, such as (Hurricanes) Katrina, Wilma, Rita, and a few others, and so we've postponed this meeting for a long time.

You're in the Harkin Global Communications Center. We had a dedication here when Senator Harkin visited a few weeks ago, but today it feels like the building really is dedicated -- dedicated to protecting the public's health and to doing that in the context of the vast network of wonderful partners that we enjoy and appreciate so very much. So thank you very, very much for taking time to be here.

I wanted to start with a reframing of where we are. (Slide 1) This is a very simple picture with a lot of information in it because what it really says is that CDC is committing itself and recommitting itself to making decisions at our agency that really drive toward truly improving people's health. It has required us to develop some specific goals and to be able to measure our progress toward those goals. And when we're thinking about our research agenda, it has required us to

think how this will help us achieve our goals faster.

When we're thinking about our global health agenda, it's in the context of: What do we really need to do to protect people's health, to promote health internationally, or to serve as effective health diplomats? When we're thinking about leadership in the health system and the role we play in that system, all of this needs to be focused on moving the needle on the dial of people's health in tangible ways. There's a reason for that. I think it's clear to everyone in the room.

The reason is that our health status is not optimal in this country. We have some bona fide urgent threats. We have threats like Katrina, Wilma, and Rita. We have threats like the potential for a pandemic. We have threats like a shortage of our vaccine supply when we need it the most. We have threats that are assaulting the credibility of our immunization program. We have terrorism threats, and we have whatever emerging infectious disease threat is around the corner.

We also have urgent realities that we face. Those realities come in the form of continued deaths related to tobacco use, continued epidemic of obesity and diabetes and their related complications. In preparing for our appropriations hearings, I was struck by those numbers into day-to-day experience. Today, while we are sitting at this meeting, 4100 people will be diagnosed with diabetes. Today, about 300 people will go on dialysis because of their diabetes. Another 230 people will have a limb amputated today, and 55 people will

go blind. Those are urgent realities.

Our work is not done yet. If anything, our work is going to get even more challenging as we go forward. So in the context of urgent threats and urgent realities in an agency that is not experiencing a remarkable increase in its budget, we really need to focus our work. We need to do everything we can to leverage our abilities and our skills and our science. We need to reach out to you and learn how you can support these goals, where these goals overlap with your goals, and how we can collectively be much greater than the sum of our parts. When I look out on this room, I don't think there's doubt in anybody's mind that if we really did work together on any one of these issues, then we would have a very, very powerful impact on health.

Probably the most sobering piece of information I've learned about the health status of Americans is not the fact that we may lose ground in terms of our life expectancy on the basis of our chronic diseases. It's not the fact that our ability to sustain core public health programs like TB, STD, and HIV is jeopardized at times because our portfolio is getting out of balance. No, the most sobering thing to me is that Americans are not satisfied with their health, and they're getting less satisfied year after year after year.

So despite everything we can do in medicine and everything that we have available to us, we as a nation are dissatisfied with the status of our health and with the health

of our children. That's our responsibility. We're here to protect and promote health. And if we're losing ground, that ought to be a call to action. That is really part and parcel of what CDC has committed to in these last few years as we've looked at how we can do more and do it faster.

I'm not going to look backward, except to say that we have defined a frame for four goals that you're going to hear about in detail. Obviously, this is the purpose of the meeting -- and we do have a new structure. And because this is a leader-to-leader meeting, I would like to ask some of the leaders from CDC to stand, so that folks can see your face and know that you're here and get a chance to seek you out and talk to you later. So if I can have our coordinating center and office directors please stand up and be acknowledged in the audience. (Members of audience comply)

We really appreciate this brain trust. These are some of the finest leaders that I've ever had the privilege to work with. And I would say that for those who are still confused about what a coordinating center office is, these are the people whose activity it is to look at ways to bring people together across organizational boundaries and to reach out.

If you're familiar with the term "meta leadership," the six people that just stood up are people who have unique skills to build relationships and partnerships. They have the kind of style and structure that allows them to bring people together in new, innovative and creative ways.

So I would also like our center directors to stand up because we have an extraordinary brain trust of national center directors. If I could, please, ask all of them to stand up -- center, institute, and office directors.

(Members of audience comply)

This, too, is an extraordinary national treasure for CDC. These leaders go deep into the science and the technical skills that are necessary to provide the breadth and depth of leadership that their program areas require. There are times when I see this group of people in a room and I can't help but feel that our CDC is in very, very good hands and we are extremely fortunate. Many of them are friends of yours, and you can continue to regard them as key and critical partners as you go forward with your agendas.

You're going to hear about the specific action plans. We're working on 21 action plans this year, and that's a big agenda. We know that. But we're also an agency of 14,000 people and \$8 billion, so we think we can probably muster the energy and the focus to really define goal action plans that truly prioritize our activities and help inform us of where the gaps are.

There's a lot of anxiety about declaring goals. There's a lot of anxiety about measuring our progress to goals. And I think we've got a lot of learning to do in that regard, and we're committed to doing it. Many of you here are already doing this in your organizations or in your states, and we will

learn from you. But I do believe that this is a very strategic step for us as a public health community.

We need to define our mission in terms that the public understands, that Congress understands, that government understands, and that leaders outside of the public health system understand. And it's important to do this in concrete ways so people don't have this nebulous understanding of what public health is. Instead, they have a true and robust understanding of what our work is and how we intend to accomplish it.

So these goal action plans will guide our work and, we hope, guide our work together in a synergistic way. They will also help us make decisions because we will have to prioritize and focus. That's life in 2006 and, most likely, life for the foreseeable future. But I think these will also help inform our research. We'll have a much better understanding of what are the true knowledge gaps, whether it's gaps in fundamental information about what to do to solve a health problem or gaps in understanding how do we make use of the information we already have in the most effective way.

We will also, in the process of putting these goal action plans forward, engage an even broader set of partners. And you're going to see some examples of that when we walk through one of the examples this morning. When we start framing our work, all of a sudden new ideas and new innovations and new opportunities for connecting dots between organizations and

entities with some overlapping interest become apparent. And it gets to become very fun, as a matter of fact.

There is one aspect of this process that we hadn't really anticipated when we started out and which I believe may serve us very well in the future. And it is this: when you finally sit down and think about what it takes to protect the health of an adolescent, you begin to think not about injury or STD or obesity or alcohol or tobacco. You begin to think about the person. And you begin to think about health in the way that inspired us all from the beginning, that very holistic vision of people who have all the components of health and can live in a society and enjoy everything that life has to offer to its fullest.

And so it's very exciting to be thinking about adolescents as a group of people, as opposed to body parts or categories of diseases. And when we begin to think about adolescents, for example, we begin to recognize the gap between where we are now and where we need to be if we're really going to do the things that will help protect their health. And so in that context, there is a revelation that occurs. The gaps truly become visible, but they become visible in ways that will appeal to people's belief and desire for good health.

We'll be able to see that. If we can only do this, we would be able to see this result in our families or in our children or in our parents. And so I think the goals process is not just about creating a work plan for our public health

community. It's about revealing what else needs to be done if we're going to really be successful and get where we want to be. So think about that as we go forward with these action plans because I think we'll be able to see some very good progress as this becomes revealed.

As partners, you play a very key role in all of this. We think you are an extraordinarily effective reality check, and I really hope we can have candid conversations. If we are not candid, we can't possibly be successful. We want to share expertise. Sometimes it's fun to think that we have all the expertise here, but we're humble enough --and, I think, experienced enough -- to know that that's just simply not the case.

You bring many populations to the table because you have unique networks of your own and unique understanding and unique access to new populations. You certainly can help us speed the translation of our science into action at the community or the family or the practice level. We need your wise minds and the wise minds of the people you represent to inform our research and to help us conduct it. And we need your help in making sure that we can respond to public health emergencies and add to the overall credibility of our mission.

So I loved Toby's graphic because I think that cartoon of the relationship between our impact and the quality of our partnerships is a true one. It might not even be a straight line. There may be a log component to it, Toby, but I think



that it is absolutely fundamental to our premise that we are absolutely not able to do this without your full participation. And there are things that you can do to contribute.

We are listening. The entire leadership of the agency has been reminded over and over again that this is the theme of this meeting. We thought about putting big ears on just to keep that on our minds, but we are not here to tell you what we're going to do. We are here to find out and explore how we can be better partners and work more effectively in the future. We want you not just to come and have input or comment and review or critique. We want you to truly participate in this process as we go forward. We want you to help us identify and communicate the gaps in our plans and our resources, and we want you to help celebrate success.

I don't know about you, but last night was about the most fun I've had at a public health meeting ever. I really think we need to do a little bit more of that kind of networking and celebrating because we have a lot of things to celebrate, even though we do have a lot of challenges.

Now, what can you expect from us? I can't speak for the outcome of this meeting, but I can tell you some general things that I think you can expect. The first thing is that you can expect some new ideas and some innovation. They're not all going to be good ideas, and we know this. We've had some new ideas along the way that have turned out to be real bombs. But we will continue to try to promote new ideas and innovation

because we need to if we're going to successfully accomplish our challenges.

You can expect commitment. I don't think any of us in the leadership team at CDC have wavered in our commitment to really drive ourselves and our agency to improving our ability to improve health in this country. So we are passionate about this. And we will stay this course. And we will learn how to make the kind of different scale and speed that we would like to be able to make.

You can expect us to be imperfect. This is an extraordinarily big challenge. It is a very different way of working. It's a very different way of bringing people together. It's scary to many people. There is a lot of skepticism. There's a lot of, "You're going too fast." And there's also a lot of, "You're going too slow." Hardly anyone is saying, "You've got it just right," and we recognize that.

There is a lot of imperfection in learning new processes. We need to ask for your patience as we go through some of these experiences, just as we're asking a lot from the people inside of CDC who are working and are stressed by the kinds of changes that we're talking about.

But you can also expect learning. We've learned an enormous amount in the last few years. Since 2001 we've learned that we have to be a bigger and more robust response agency. And now we're learning how to balance our portfolio so that we can do that while at the same time sustain our commitment to core

public health functions and address the urgent realities that we have today.

And I think that you can expect to have some fun. The kind of networking that we bring as a collective community of public health experts is a community. It's built on passion. It's built on the core values that I think all of us share. But it's also built on some heartfelt experiences and exchanges and interpersonal development that should culminate in having some fun. And if we are not having fun, at least some of the time, then something really is wrong with the process. So I would encourage you to wear your sense of humor as well as your ears today and, for our partners, your mouths. And let's really enjoy the day and make the most of it.

We thank you for your support, and we really look forward to what we can accomplish as a public health community. Thank you.